

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

ADULT AND ADOLESCENT INDICATORS

RESULTS AND ANALYSIS



For the Measurement Period Ending September 30, 2001

Produced by the Office of Medical Management
June 2003

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EXECUTIVE SUMMARY

This report includes Performance Indicators for preventive health care services provided to selected adults and adolescents enrolled with AHCCCS-contracted, acute-care health plans (Contractors). The four indicators are:

- Breast cancer screening
- Cervical cancer screening
- Adolescent well-care visits
- Adults' access to preventive/ambulatory services

The results reported here should be viewed as *indicators* of members' use of services, rather than absolute rates for how successfully AHCCCS and/or its Contractors provide care. Many factors affect whether AHCCCS members use services. By analyzing trends over time, AHCCCS and its Contractors can identify areas for improvement and implement interventions to increase access to, and receipt of, services.

AHCCCS used the Health Plan Employer Data and Information Set (HEDIS[®]), 2001 version, developed by the National Committee for Quality Assurance (NCQA), as a guide in developing the methodology for these indicators. One of the criteria for selecting members to be included in the analyses is that they be continuously enrolled for at least one year. Thus, members included in the results of each indicator represent only a sample of AHCCCS members, rather than the entire population.

This report includes data for the period from October 1, 2000, through September 30, 2001 (and may include one or two previous years, depending on the indicator methodology). Results of the four indicators are reported in aggregate by Maricopa, Pima and combined rural counties, and by individual Contractors.

Under their contracts with AHCCCS, these health plans are required to improve their rates for Performance Indicators and achieve specific goals for each indicator. AHCCCS will provide individual results to Contractors and require corrective action plans as necessary, based on the findings in this report. Contractors that fail to show improvement may be subject to sanctions. AHCCCS will continue to provide technical assistance, such as identifying new interventions or enhancements to existing efforts, to help Contractors improve their performance.

Specific results of the Adult and Adolescent Performance Indicators for the current period include the following:

Breast Cancer Screening – This indicator measured the percentage of women who:

- were ages 52 through 64 years as of September 30, 2001,
- were continuously enrolled with one Contractor for two years,
- had no more than one break in enrollment, not exceeding 31 days per year, and
- had a mammogram in the two-year period.

Findings

- The AHCCCS overall rate for this indicator was 55* percent, a relative decrease of 1.6 percent from the previous rate of 56 percent. The decrease is not statistically significant.
- The rate for the combined rural counties of Arizona was 56 percent, which was virtually unchanged from the previous rate. The rate for Pima County was 56 percent, compared with a previous rate of 54 percent. The rate for Maricopa County was 55 percent, compared with a previous rate of 57 percent.
- Among nine acute-care Contractors, rates ranged from 22 percent to 66 percent. Five Contractors met or exceeded the AHCCCS Minimum Performance Standard of 55 percent.
- The rate for this indicator has been at or above 55 percent for the last four years. The highest overall rate achieved during that time was 57 percent (Figure 1).
- The AHCCCS overall rate for this period is comparable to the national rate for Medicaid plans in calendar year 2000, as reported by the National Committee for Quality Assurance (NCQA).

Cervical Cancer Screening - This indicator measured the percentage of women who:

- were ages 16 through 64 years as of September 30, 2001,
- were continuously enrolled with one Contractor during a one-year period,
- had no more than one break in enrollment, not exceeding 31 days, and
- had at least one Papanicolaou (Pap) test within a three-year period.

Findings

- The AHCCCS overall rate for this indicator was 51 percent, a relative decrease of 6.4 percent from 55 percent in the previous measurement period. The decrease is statistically significant.
- The highest rate was in Maricopa County, at 53 percent, although this rate reflected a decrease from 56 percent in the previous measurement period. The rate for Pima County was 49 percent, compared with 51 percent in the previous period. The combined rate for rural counties decreased to 49 percent from 55 percent in the previous period.
- Among nine acute-care Contractors, rates for this indicator ranged from 37 percent to 61 percent. Two Contractors met or exceeded the AHCCCS Minimum Performance Standard of 57 percent.
- This is the second year that AHCCCS has measured a rate for cervical cancer screening within a three-year period by individual Contractor; thus, long-term trends cannot be identified.
- NCQA has reported a Medicaid rate of 60 percent for cervical cancer screening in calendar year 2000.

*AHCCCS overall rates and results for individual Contractors are rounded to the nearest whole number for comparison with contractual performance standards.

Adolescent Well-Care Visits - This indicator measured the percentage of members who:

- were ages 11 through 20 years as of September 30, 2001,
- were continuously enrolled with one Contractor during a two-year period,
- had no more than one break in enrollment, not exceeding 31 days per year, and
- had at least one well-care visit within the two-year period.

Findings

- The AHCCCS overall rate was 49 percent, a 2.7-percent relative increase from 47 percent in the previous period. The increase is statistically significant.
- The highest rate for this indicator was in Pima County, at 55 percent, which was virtually unchanged from the previous period. The rate for Maricopa County was 44 percent, compared with a previous rate of 43 percent. The combined rate for rural counties was 52 percent, compared with 50 percent in the previous period.
- Rates among nine acute-care Contractors ranged from 30 percent to 61 percent. Six Contractors exceeded the AHCCCS Minimum Performance Standard of 48 percent.
- The AHCCCS overall rate for adolescent well-care visits within a two-year period has increased from an initial rate of 46 percent to the most recent rate of 49 percent (Figure 2).
- A comparable national rate for adolescent well-care visits during a two-year period is not available. However, AHCCCS also measured adolescent well-care visits in a one-year period for comparison with national data. The AHCCCS rate is comparable to the most recent national rate for Medicaid health plans, as reported by NCQA.

Adults' Access to Preventive/Ambulatory Health Services - This indicator measured the percentage of members who:

- were ages 21 through 64 years as of September 30, 2001,
- were continuously enrolled with one Contractor during a one-year period,
- had no more than one break in enrollment, not exceeding 31 days, and
- had at least one preventive or ambulatory health care visit during the one-year period.

Findings

- The AHCCCS overall rate was 78 percent, virtually unchanged from the rate in the previous measurement period. This rate represents a relative decline of 0.3 percent, and is not statistically significant.
- The highest rate was for the combined rural counties, at 79 percent, a decrease from the previous rate of 80 percent. The rate for Maricopa County was 76 percent, compared with the previous rate of 77 percent. The rate for Pima County was 79 percent, compared with the previous rate of 78 percent.
- Rates among nine acute-care Contractors ranged from 68 percent to 83 percent. Four Contractors met or exceeded the AHCCCS Minimum Performance Standard of 78 percent.
- Over the four years that AHCCCS has measured adults' access to preventive/ambulatory services, the overall rate for this indicator has shown very little change, but has remained at nearly 80 percent (Figure 3).

- A comparable national rate for adult preventive/ambulatory visits enrolled in Medicaid managed care plans was not found.

Contractors have implemented several interventions to improve access to services measured by these Performance Indicators over the past couple of years. These efforts have had some beneficial effect, and individual Contractors have shown improvements in specific areas.

Overall, this report demonstrates that adults and adolescents enrolled with AHCCCS Contractors generally have adequate access to primary care services. AHCCCS goals for both adolescent well-care visits and adults' access to preventive and ambulatory health services were achieved in the most recent period measured. However, the rate at which AHCCCS members choose to utilize specific services, such as breast or cervical cancer screening, needs improvement. The downward trend in the rate for cervical cancer screening is of particular concern. Along with its Contractors, AHCCCS will further evaluate possible reasons for the lack of improvement in this indicator, as well as possible ways to increase rates of breast and cervical cancer screening. One recent action by AHCCCS to address this trend was to provide acute-care Contractor quality management staff with an educational presentation about cultural influences on women's use of preventive health care services.

Continued education by Contractors about the importance of preventive health care through member materials and other avenues, such as partnering with community outreach programs to get these messages to hard-to-reach families, may be beneficial. Many families have never had health insurance and may have difficulty navigating the health care system through managed care plans. Therefore, improved communication materials, telephone contact and enhanced outreach programs focusing on these issues may help improve access to health care for these members. Better education of members and providers about how to access services that facilitate physician visits, such as transportation and language interpretation, also may be warranted.

But, like all interventions aimed at increasing access to health services, improvement strategies take considerable time and resources to effect demonstrable improvement. AHCCCS is committed to improving the results of these indicators and making strides toward its goals.